

CERTIFICATE OF DEATH

REGISTRAR'S NO. 691

E OF DEATH 41 AND L RESIDENCE 3	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher (Rural)</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher (Rural)</u>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2 years 3 years</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1 mile west of Thatcher</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile west of Thatcher</u>		E. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1 mile west of Thatcher</u>	
CEDENT PERSONAL DATA 1/44 4	3. NAME OF DECEASED A. (FIRST) <u>Walter</u> B. (MIDDLE) <u>PITTMAN</u> C. (LAST) <u>PITTMAN</u>			4. SEX <u>Male</u>
	5. COLOR OR RACE <u>White</u>			
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <u>Nov.</u> DAY <u>17</u> YEAR <u>1905</u>	
	8. AGE YEARS <u>44</u> MONTHS <u>2</u> DAYS <u>11</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farming</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>ARKANSAS</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>431-42-5668</u>		
14A. FATHER'S NAME <u>Walter Pittman</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>		15A. MOTHER'S MAIDEN NAME <u>Minnie Robbins</u>
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>		16. INFORMANT'S SIGNATURE <u>Walter Pittman</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 19, 1950</u>
CAUSE OF DEATH FEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (*) THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. <input checked="" type="checkbox"/> PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>	
			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
			II. OTHER SIGNIFICANT CONDITIONS	
			CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
RATIONS, UTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DEATH UE TO TERNAL OLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY	
EDICAL ORONER'S IFICATION	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10/19</u> 19 <u>50</u> TO <u>10/19</u> 19 <u>50</u> THAT I LAST SAW THE DECEASED <u>React 10/19 1950</u> AND THAT DEATH OCCURRED AT <u>9:00</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
INNERAL ECTOR AND ISTRAR	23A. SIGNATURE <u>J. M. Stalton</u>		23B. ADDRESS <u>57 Ford Ave</u>	
	23C. DATE SIGNED <u>10/21/50</u>			
21	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>10.21-50</u>	
	24C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Ariz.</u>	
21	25A. DATE REC'D BY LOCAL REG. <u>Oct 20, 1950</u>		25B. REGISTRAR'S SIGNATURE <u>J. M. Stalton</u>	
	25C. REGISTRAR'S ADDRESS <u>Safford, Ariz.</u>		25D. REGISTRAR'S SIGNATURE <u>W. H. Caldwell</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Safford, Ariz.</u>		
27. EMBALMER'S SIGNATURE <u>W. H. Caldwell</u>		27. EMBALMER'S CERT. NO. <u>291</u>		